									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR)	(3(050	ILL
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									SMALL TYPE	ENTITY	OR		R THAN . ENTITY
TOTAL CLAIMS				31					RATE	FEE	7	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		1	BASIC F	385.00	OR	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS				ろし minus 20=		•	• 11 .		X\$ 9=		OR	XS18=	148
INDEPENDENT CLAIMS			V minus 3 =					X43=	1.	OR	X86=	86	
MULTIPLE DEPENDENT CLAIM P				RESENT			1145			1	OR	+290=	1 8 2
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
()	philac	MENDE			· L	104	•	THAN					
7	(Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	SMALL	
MENDMENT A		REMAI AFTI AMEND	NING ER		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	1-30		Minus	- 3	1			X\$ 9=		OR	X\$18=	
¥	Independent	ENTATION	OF MI	Minus II TIPI E DE	PENDENT	CLAIRA	2		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		ÓЯ	+290=	
1	471175								TOTAL DOIT, FEE		OR	TOTAL NOOT, FÉE	
(Column 1) (Column 2) (Column 3)												ÇON. PEE	
AMENDMENT B		REMAIR AFTE AMENDI	VING P		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
MI	Total	<u>. ح</u>		Minus	-31	•	•	П	X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	NTATION	OF MU	Minus LTIPLE DEI	ENDENT (MIAE	<u>.</u>		X43= ·	٠.	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .										OR	+290=	••
											OR A	DOTAL	
	`	(Cotum		•	(Column Highe	n 2) ST	(Column 3)	_		• :			
AMENDMENT C	•	REMAIN AFTE AMENDA	R		PREVIOU PAID FO	ISLY !	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ᅙ	Total	•		Minus	**		•	Γ	X\$ 9=		OR	X\$18=	
¥	Independent	•		Mirius	***	$oldsymbol{\bot}$	-		X43=			X86=	
PIRŞI PRESENTATION OF MULTIPLE DEPENDENT CLAIM												—	
• H	the entry in column the "History in column the "History in column the column	nn 1 is less:	than the	entry in colu	nn 2, write 'C	T in cotu	mn 3.	L	101AL		OR	+290=	
	the "Highest Nur the "Highest Nur he "Highest Num	TOO PLENO	usiv Pau	d For IN The	C CD4/CE 1- 1-	need then	9		OTT. FEE			DOTT. FEEL	
			-,	(::::::::::::::::::::::::::::::::::		420		wund	in the apt		in colu		